GCSE

Health and Social Care

OCR GCSE in Health and Social Care   J406

OCR GCSE (Double Award) in Health and Social Care   J412

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IMPORTANT

This qualification contains one unit which is available in either electronic or paper-based format. Appendix B in this specification includes a list of technical requirements for running computer-based tests.

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1 About these Qualifications

This booklet contains OCR's GCSE (Single and Double Award) specifications in Health and Social Care for teaching from September 2009.

This specification leads to two GCSE Health and Social Care qualifications, namely a Single and A Double Award option which covers both Levels 1 and 2 (Foundation and Intermediate Levels) of the National Framework of Qualifications and has been designed to raise attainment at these levels. Candidates study **two** units for the Single Award and an additional **two** units for the Double Award, both of which provide a broad introduction to a wide range of vocational issues.

These specifications build upon the broad educational framework set out in the criteria for GCSEs in vocational subjects from the Qualifications and Curriculum Authority. GCSEs in vocational subjects are broad-based vocational qualifications designed to widen participation in vocationally-related learning pre-16 and to encourage post-16 candidates to try a vocationally-related course where maybe another programme has previously not proved appropriate for them.

GCSEs in vocational subjects have been designed to contribute to the quality and coherence of national provision. They have been developed following widespread consultation by QCA and a range of specialist sector skills councils.

The GCSEs in Health and Social Care have been designed to form qualifications which provide the technical knowledge, skills and understanding associated with the subject at these levels so as to equip candidates with some of the skills they will need in the workplace or in further education or training. It allows candidates to experience vocationally-related learning so as to enable them to decide if it is suitable for them.

A GCSE is an ideal qualification for those candidates who want a broad background in Health and Social Care and the course of study prescribed by this specification can reasonably be undertaken by candidates entering this vocational area for the first time. It is designed to enable candidates to make valid personal choices upon completion of the qualification and to progress to further education, training or employment. It provides a suitable basis for further study in this subject or for related courses which could include Diplomas, GCEs, NVQs or Modern Apprenticeships. It is designed to be delivered in full-time or part-time education.

Examples of appropriate employment to which a GCSE in Health and Social Care candidate might progress include: Nursery Nurse, Care Assistant, Childminder, Pre-school/Nursery School Assistant. The GCSE could contribute towards meeting the entry requirements for training for nursing and professions such as occupational therapy, physiotherapy, pharmacy for example. It could also contribute towards meeting the entry requirements for teaching and working with people with disabilities. Standards in training in health, social care and early years are set by the Care Consortium and Early Years Training Organisations.

The fundamental philosophy of this specification is that, in order to understand the nature of health and social care, candidates must actively experience the health, social care and early years occupations. This can be achieved through a variety of approaches including work experience, links with local health, social care and early years employers, inviting occupational specialists into the centre, case studies and research. Opportunities also exist to develop a practical approach through residential experience, for example, to the Winged Fellowship.

The GCSEs in Health and Social Care have been designed to provide a range of teaching, learning and assessment styles to motivate candidates to achieve the best they can and to empower them to take charge of their own learning and development. Assessment is designed to give credit for what candidates can do as well as what they know. It is based both on internally assessed evidence from assignments, set by OCR, assessed by the Centre and then moderated by OCR, and external assessments which are set and marked by OCR.

This specification is supported by users as well as a range of professional institutes and Further and Higher Education Institutions including The Care Sector Consortium and the Early Years Training Organisation, the national training organisations for this vocational area.

OCR has taken great care in the preparation of this specification and assessment material to avoid bias of any kind.

1.1 GCSE (Single Award)

The GCSE (Single Award) is both a 'stand-alone' qualification and also the first half of the corresponding GCSE (Double Award).

From September 2009 the GCSE (Single Award) is made up of two mandatory units, one is externally assessed and one is internally assessed and externally moderated and form 50% of the corresponding GCSE (Double Award).

1.2 GCSE (Double Award)

From September 2009 the GCSE (Double Award) is made up four mandatory units, two are externally assessed and two are internally assessed and externally moderated.

1.3 Qualification Titles and Levels

These qualifications are shown on a certificate as:

- OCR GCSE in Health and Social Care

- OCR GCSE (Double Award) in Health and Social Care.

These qualifications are approved by the regulatory authorities (QCA, DCELLS and CCEA) as part of the National Qualifications Framework.

Candidates who gain Grades D to G (DD to GG) will have achieved an award at Foundation Level 1 (Level 1 of the National Qualifications Framework).
Candidates who gain Grades A* to C (A*A* to CC) will have achieved an award at Intermediate Level 2 (Level 2 of the National Qualifications Framework).

1.4   Aims and Learning Outcomes

This GCSE specification in health and social care should encourage learners to be inspired, moved and changed by following a broad, coherent, satisfying and worthwhile course of study and gain an insight into related sectors. They should prepare learners to make informed decisions about further learning opportunities and career choices.

This GCSE specification in health and social care enables learners to:

• actively engage in the processes of health and social care to develop as effective and independent learners.

• understand aspects of personal development, and the health, social care and early years sectors through investigation and evaluation of a range of services and organisations

• develop a critical and analytical approach to problem-solving within the health, social care and early years sectors

• examine issues which affect the nature and quality of human life including an appreciation of diversity and cultural issues.

The GCSE double award specification in health and social care additionally enables learners to:

• develop their awareness of the influences on an individual's health and wellbeing

• understand the importance of motivation and support when improving health.

1.5   Prior Learning/Attainment

Candidates entering this course should have achieved a general educational level equivalent to National Curriculum Level 3, or a Level 3 at Entry Level within the National Qualifications Framework.

2   Summary of Content

2.1   GCSE (Single Award) Units

Unit A911: *Health, Social Care and Early Years Provision*

- The range of care needs of major client groups

- The ways people can obtain services and the possible barriers that could prevent people from gaining access to services

- The types of services that exist to meet client group needs and how they are developed and organised

- The principles of care that underpin all care work with clients

- The main work roles and skills of people who provide health, social care and early years services

Unit A912: *Understanding Personal Development and Relationships*

- The stages and pattern of human growth and development

- The different factors that can affect human growth and development

- The development of self-concept and different types of relationships

- Major life changes and sources of support

- Personal development and relationships

3.2   GCSE (Double Award) Units

Unit A911: *Health, Social Care and Early Years Provision*

- The range of care needs of major client groups

- The ways people can obtain services and the possible barriers that could prevent people from gaining access to services

- The types of services that exist to meet client group needs and how they are developed and organised

- The principles of care that underpin all care work with clients

- The main work roles and skills of people who provide health, social care and early years services

Unit A912: *Understanding Personal Development and Relationships*

- The stages and pattern of human growth and development

- The different factors that can affect human growth and development

- The development of self-concept and different types of relationships

- Major life changes and sources of support

- Personal development and relationships

Unit A913: *Promoting Health and Wellbeing*

- Define the health and wellbeing of individuals

- Interpret physical measures of health for individuals

- Factors that have positively affected individuals' health and well being

- Risks to individuals' health and wellbeing

- Health promotion and Improvement methods

Unit A914: *Safeguarding and Protecting Individuals*

- Key legislation that supports safe practice and maintains health and safety in settings

- How to recognise potential risks to service users safety in settings

- Identify safety features that could help to reduce the risks, how to follow safety procedures and use safety equipment safely

- First aid practice

- How to conduct a risk assessment

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3   Content

3.1   Unit A911: *Health, Social Care and Early Years Provision*

This internally assessed unit will be supported by a controlled assessment assignment which will be re-issued every two years.

This unit benefits from access to work experience, visits to observe care workers in practice and visiting occupational speakers.

For their evidence, candidates are able to focus on services which are from one of the health, social care or early years sectors, for example:

- Health: e.g. health centre or hospital (private hospital or NHS)

- Social Care: e.g. day centre for older people (local authority) or residential home (private)

- Early Years: an organisation focusing on 0-8 years, e.g. nursery, primary school

3.1.1 The range of care needs of major client groups

Key issue: *Who needs to use care services and why?*

You need to understand how care services are designed to meet the health, developmental and social care needs of major client groups.

You need to understand how services are shaped to meet the needs of individual users.

The major client groups are:
- babies and children
- adolescents
- adults
- older people
- people with disabilities

You have to:

- understand how services are developed and provided to meet social policy goals, such as reducing child poverty, homelessness and drug misuse in the population as a whole

- know that health authorities and local authorities assess the care needs of local populations in order to identify likely service demand in a local area

- know why individuals may require and seek to use health, social care and early years services

Guidance:

Surveys could be a means of gathering evidence, using questionnaires or client interviews to find out who are the users and what are their needs.

Developmental needs should include physical, intellectual, emotional and social requirements. Candidates need to address that the service may also provide the needs of clients in terms of health and/or social care.

Candidates will need to know how to construct questionnaires or interview questions in order to obtain relevant information.

3.1.2 The ways people can obtain services and the possible barriers that could prevent people from gaining access to services

Key issue: *How can people gain access to care services and what can prevent people from being able to use services they need?*

The ways that people gain access to care services are known as methods of referral. You should know about the different methods of referral that exist. These are:

- self-referral - choose to ask for or go to the services by themselves
- professional referral - being put in contact with a service by a care practitioner (e.g. doctor, nurse, social worker)
- third-party referral - being put in contact with a service by a friend, neighbour, relative or another person who is not employed as a care practitioner (eg own employer, a teacher, a daughter)

You should know about legislation that protects individuals right to the access of services they require. *Human Rights Act 1998 (updates 2000); Mental Health Act 1983; Children Act 1989 and*

2004; Disability Discrimination Act 1998; Nursing and Residential Care Homes Regulations 1984 (amended 2002).

You should understand that by removing barriers empowers an individual to take control of his or her life rather than relying on other people.

You need to be able to identify possible barriers that could prevent people from making use of the services that they need, including:

- physical barriers – eg stairs, a lack of lifts and a lack of adapted toilet facilities can prevent access to premises by people with mobility problems
- psychological barriers – eg fear of losing independence, the stigma associated with some services and not wanting to be looked after can deter people from making use of care services. Mental health problems can also prevent those in need from accessing services
- financial barriers – eg charges and fees can deter and exclude people who do not have the money to pay for services they need
- geographical barriers – eg in rural areas the location of an organisation or practitioner may be a barrier to use if there is also a lack of public transport or a long bus or car journey is required to get there
- cultural – eg cultural beliefs about who should provide care and how illness and social problems should be dealt with
- language barriers – eg as well as difficulties in using English, may deter members of some communities from using care services
- resource barriers – eg lack of staff, lack of information about services, lack of money to fund services or a large demand for services can prevent people from gaining access to services when they need or want them

You should be able to suggest ways in which services and the individuals they serve might overcome these barriers. You should also understand that poor integration of services, rationing and the postcode lottery may affect availability of services in your local area.

Guidance:

Candidates will need to recognise that access to services can differ and that people can be referred to services through a range of methods.

Using specialist speakers who are health, social care or early years practitioners to introduce the topic would be useful.

Candidates could undertake a survey in the form of observation or a questionnaire to establish the barriers that could prevent client access to the service.

3.1.3 The types of services that exist to meet client group needs and how they are developed and organised

Key issue: What types of care services are provided to meet client group needs?

You will need to:

- find out about organisations and private practitioners that deliver health care, social care and early years services

- understand the main types of care services that are offered to different client groups

- know who provides the services and where they are made available

- know how these services are organised

- understand how different services work together to meet complex needs

You must be able to identify local and national examples of service providers who operate in the:

- statutory care sector, eg NHS Trusts and local authority services
- private care sector, eg private companies and self-employed practitioners
- voluntary care sector, eg charities and local support groups using volunteers and not-for-profit organisations with paid employees

You must also understand how different service providers work together to meet client group needs.

You must also know that informal carers (family, friends and neighbours) also provide a large amount of care and understand the increasing importance of the 'third sector'.

Guidance:

Candidates will need to examine and understand diagrams showing the national organisation of health, social care and early years services in order to place the service they have chosen into a framework. However, they do not need to have any depth of understanding of the national framework. Candidates must be able to identify the relationship between different organisations within the framework. They must be able to describe how a service fits into the structure as a whole. They could use flow charts to help explain complex information.

3.1.4 The principles of care that underpin all care work with clients

Key issue: What values do care workers promote through their work?

You will understand that care practitioners use guidelines and codes of practice to empower clients by:

- promoting quality and diversity of service users
- promoting individual rights and beliefs
- maintaining confidentiality

With young people care practitioners follow the Every Child Matters agenda and ensure that they:

- make the welfare of the child paramount
- keep children safe and maintain a healthy environment

- work in partnership with families and/parents
- make sure that children are offered a range of experiences and activities that supports all aspects of their development
- value diversity
- promote equal opportunity
- maintain confidentiality
- ensure anti-discriminatory practice
- work with others
- are a reflective practitioner

You will understand the balance that services have to achieve between getting involved in people's lives or not, including the risks to both individuals and society associated with both action and inaction.

Guidance:

Candidates must understand that care values are the basic tool used to empower and encourage trusting relationships between client and carer. These values underpin the work of all professional carers and there is an understanding that these values are derived from Human Rights. It is an approach that demonstrates to the client that the carer values the client as an individual and recognises the need for equality and diversity.

Candidates should know the impact upon clients' if care practitioners do not adhere to the care values. An understanding of the value of codes of practice and organisational policies is required, with respect to the quality of care provision and methods of redress.

Using specialist speakers who are health, social care and early years professionals to introduce the topic could be helpful. Candidates could observe through their work experience, or visits to care settings, the different ways that the care value base is applied, and how they may be influenced by government policies and specific organisational policies. Alternatively, different case studies/scenarios could be used to encourage candidates to think about ways the care values could be applied in different contexts.

3.1.5 The main work roles and skills of people who provide health, social care and early years services

Key issue: What does care work involve and what skills and qualities do care practitioners need to perform their work roles?

You need to know about the roles of practitioners who deliver care directly and those whose work is more indirectly involved with care. Examples are:

- direct care: nurse, doctor, social worker, care assistant, nursery nurse;
- indirect care: medical receptionist, porter.

You need to:

- understand the qualities, qualifications and skills needed for main work roles of care workers and how these may be achieved academically and vocationally

- understand how changes in services and service provision can affect the job roles of care workers and change the skills required for those jobs

- understand why care workers need good interpersonal skills

- know how care workers use communication skills to develop care relationships, provide and receive information and report on the work that they do with clients

- know how effective communication can help support relationships with colleagues, clients and their families and how poor skills can reduce the effectiveness of care work or damage care relationships

- understand the differing communication needs of client groups using care services

Guidance:

If work experience is the method of sourcing this aspect of gathering information, candidates need to be provided with the opportunity of finding out about a range of direct care roles in the chosen service before deciding on which job role to focus.

Alternatively, programmes such as Kudos or Career Information Data Bases could provide information.

Candidates will need to record the main day-to-day tasks undertaken by the care worker chosen. This could be achieved by observation or through inviting specialists to the centre.

Candidates will need to be aware that there may be more than one route to achieving the qualifications and skills required for different roles.

3.2   Unit A912: *Understanding Personal Development and Relationships*

This externally assessed unit contributes to the assessment of the Single Award specification, along with unit A911.

The focus of the unit is to help develop candidate awareness of the norms of development and to apply and compare these to the development of individuals in the different life stages. Candidates will need to understand how factors can influence growth and development and contribute to the development of self concept. A variety of case studies could be the method used to achieve this. Candidates should be able to apply their knowledge and understanding to individuals and groups from different lifestages and different contexts.

3.2.1   The stages and pattern of human growth and development

Key issue: *How do individuals grow and develop during each life stage?*

You should know that growth refers to an increase in physical size (mass and height) and that development is concerned with the emergence and increase in sophistication of skills, abilities and emotions. You should be able to describe the expected patterns of physical growth and change and the physical, social, intellectual and emotional developments that typically take place during each of the five main life stages. These are:

- infancy (0-3);

- childhood (4-10);

- adolescence (11-18);

- adulthood (19-65);

- later adulthood (65+).

Guidance:

Candidates should not only focus on early years development, but should also recognise the importance of development within the other life stages. However, candidates should be familiar with percentile charts and should be able to identify normal weight and height for a given age. When considering later adulthood, candidates should be encouraged not to portray all older people as being eligible for a nursing home as soon as they reach sixty five! Evidence gathering could include both primary and secondary research. It is possible that teachers may wish to use a group approach to this aspect of the unit. If using this approach, care should be taken to ensure that shared information is understood by individuals. This could be achieved by providing mini testing opportunities.

Key issue: *What factors affect human growth and development and how can they influence an individual's health, wellbeing and life opportunities?*

You should understand, and be able to give examples of, factors that cause individual differences in patterns of growth and development. These include:

- physical factors including genetic inheritance, diet, amount and type of physical activity, sexual health, experience of illness or disease

- social and emotional factors including gender, family relationships, friendships, educational experiences, employment/unemployment, ethnicity and religion, life experiences such as birth, marriage, death and divorce

- economic factors including income and material possessions

- environmental factors including housing conditions, pollution, access to health and welfare services

You should understand how these factors can interrelate and how they can affect a person's:

- self-esteem

- physical and mental health

- employment prospects

- level of education

You will also need to identify what effect abuse and neglect can have on personal development.

Guidance:

If case studies are used to illustrate the factors that affect development, it should be remembered that single factors should be kept to a minimum in order to provide candidates with the opportunity of considering how more than one factor can influence development and how factors can inter-relate. The emphasis is on the effect factors have on the development of the individual. For example, how will their attitude(s) and growth and development be affected?

Key issue: *What factors influence the development of a person's self-concept and what effect do relationships have on an individual's personal development?*

All people have a view of themselves, known as their self-concept. This is based on the beliefs that they have about themselves as a person and also on what they believe others think about them. You should know how a person's self-concept is affected by factors such as their:

- age;

- appearance;

- gender;

- culture;

- emotional development;

- education;

- relationships with others;

- sexual orientation.

You need to be aware of how self-concept can impact on development.

Throughout their lives, people have many different sorts of relationship. These include:

- family relationships (e.g. with parents, siblings and as parents);
- friendships;
- intimate personal and sexual relationships;
- working relationships (including teacher/candidate, employer/employee, peers, colleagues).

You should know which relationships play a key part in an individual's social and emotional development during each life stage. You should be able to identify how these relationships can have a positive or negative effect on personal development.

Guidance:

Self concept refers to the ways in which a person sees themselves, including an understanding of the type of person individuals believe themselves to be. Self concept is also influenced by the views of others. Difficulties arise when self concept is negative. Candidates should be encouraged to consider both positive and negative aspects of self concept. They will need guidance by teachers to realise that changes in attitude and action can positively influence a person's self concept. An awareness of self-image and self-esteem is required, along with the impact of these on personal development.

Candidates will need to be aware that life events can place considerable stress on people and that development is likely to be affected. They will also need to understand that different people will react in different ways to experiences and will require different types of support to help them through the changes.

3.2.4   Major life changes and sources of support

Key issue: How can life events affect an individual's personal development and what support is available to them during these times?

Life events can have a major impact on an individual's personal development. These may include events that result in:

- changes in relationships (e.g. marriage, divorce, living with a partner, birth of a sibling or own child, death of a friend or relative);

- physical changes (e.g. puberty, accident or injury, menopause);

- changes in life circumstances (e.g. moving house, starting school, college or a job, retirement, redundancy or unemployment).

You should be able to identify and describe the effects that life events can have on individuals' personal development. You should know how individuals adapt and use sources of support to cope with the effects of life events. Sources of support may include:

- partners, family and friends;

- professional carers and services;

- voluntary and faith-based services.

Guidance:

Candidates need to be aware that relationships can have both positive and negative effects on an individual's development. Candidates should also give consideration to the influences and effects of multi-faceted relationships. Teachers may need to help candidates explore this aspect as it is likely to be a new concept.

General understanding of the nature of relationships is a target for the unit. Candidates may be helped to understand this concept through the use of case studies, scenarios and visual representations. This can be done graphically, using diagrams or photographs to map relationship links, or by working as a group and physically representing the varying nature of relationships using distance, posture and body language.

3.3 Unit A913: *Promoting Health and Wellbeing*

This internally assessed unit will be supported by a controlled assessment assignment which will be re-issued every two years. This unit contributes to the Double Award specification only.

The unit encourages candidates to look at the health and wellbeing of themselves or others, considering the feelings and pressures they experience.

The person chosen must be accessible in order to obtain the information; have the scope for the candidate to discuss the positive and negative factors about the person's health; and someone who needs to maintain or improve their health.

The plan may be based on the candidate.

Health Promotion Units and Leisure/Fitness Centres could contribute to the building of underpinning knowledge and the gathering of evidence.

3.3.1	Define the health and wellbeing of individuals

Key issue: What is health and wellbeing?

There are several different ways of thinking about health and wellbeing. You should know that:

- health and wellbeing can be described as the absence of physical illness, disease and mental distress - a negative definition of health and wellbeing

- health and wellbeing can be described as the achievement and maintenance of physical fitness and mental stability - a positive definition of health and wellbeing

- health and wellbeing can be described as being the result of a combination of physical, social, intellectual and emotional factors - a holistic definition of health and wellbeing

You should also know that ideas about health and wellbeing change over time and vary between different cultures.

Guidance:

It is important that the candidate has knowledge and understanding of what is good health. This should include physical, intellectual, emotional and social health and wellbeing.

Information about health status could be collected through a personal interview or by using a questionnaire. It is important that candidates know how to compose questionnaires and interview questions in order to obtain relevant information.

Candidates must know about nationally recommended measurements of health, e.g. DRVs; exercise routines; sleep patterns; units of alcohol etc.

3.3.2   Interpret physical measures of health for the individual

Key issue: How can an individual's physical health be measured?

You will learn that some indicators of physical health can be measured. You will know how the measures listed below can be taken and are used to assess the state of an individual's physical health:

- blood pressure

- peak flow

- height and weight/body mass index

- waist to hip ratios

- resting pulse and recovery after exercise

You should know that a person's age, sex and lifestyle have to be taken into account when interpreting the measurement that is recorded.

Guidance:

Using a health professional to introduce the topic and to demonstrate how measurements are taken could be one approach teachers could use. Other sources of help could be a Leisure/Fitness Centre, the Physical Education Department or the Biology Department within the Centre.

Taking measurements before and after exercise would provide the opportunity for candidates to monitor and record measurements.

Candidates will need to have knowledge about the expected development of individuals in order to make judgements about the health status of their chosen individual and how these can be linked to setting targets for individuals.

3.3.3   Factors that have positively affected the individual's health and well being

Key issue: What factors contribute positively to health and wellbeing throughout a person's life?

A person's health and wellbeing is affected by a number of different factors. You should know about factors that contribute positively to health and wellbeing such as:

- a balanced diet

- regular exercise

- sufficient sleep

- personal hygiene

- supportive relationships

- adequate financial resources

- stimulating work

- education

- leisure activity

- work life balance

- use of health monitoring and illness prevention services (such as screening and vaccination)

- use of risk management to protect individuals and promote personal safety (such as sun protection; road crossing; sexual health care)

You will learn about the importance of these factors to individuals throughout their lives and how research has been important in making us aware of these factors.

Guidance:

Factors that have positively affected the individual could, for example, include supportive relationships, a balanced diet and adequate financial resources.

It is important that candidates know how these influences have contributed to the development of an individual. For example, a balanced diet could ensure the normal rate of growth and development, which could mean that the individual was less prone to illness as they had the correct nutrients, which may have helped them to feel good about themselves, giving self-confidence and high self-esteem.

Candidates will need help to develop their thinking through several stages in order to link and combine the effects of factors on health and wellbeing. Examples from evidence collected from the questionnaire must be used.

Reference to theorists e.g. Maslow; Bandura; Piaget; etc, could be used. Recommendations from National Bodies e.g. Sleep Council could be used. Opinions found in research articles and models of health could also be used.

Key issue: What factors are risks to health and wellbeing and how do they have a damaging effect?

You should know about factors that put an individual's health and wellbeing at risk.

You should be able to identify the lifestyle factors over which people have control and also the genetic, social and economic factors which people may not be able to change.

You will learn that health and wellbeing can be affected by:

- genetically inherited diseases and conditions

- substance misuse (including misuse of legal and illegal drugs, solvents, tobacco smoking and excessive alcohol intake)

- an unbalanced, poor quality or inadequate diet

- too much stress

- lack of personal hygiene

- lack of regular physical exercise

- lack of sleep

- unprotected sex

- social isolation

- poverty

- inadequate housing

- unemployment

- poor work life balance

- environmental pollution

You should understand how these factors can affect an individual's health and wellbeing as well as understanding how these risks can have an impact on our wider society. The wider society should include health and social care service provision; incidents of crime; economic implications; impact on families and the environment.

Guidance:

When considering risks to health, candidates could undertake group work to research particular risks and share the information gathered. However, it is important that recording of the shared information is undertaken individually to avoid evidence looking similar and only those risks to health relevant to the individual should be included in coursework evidence.

Candidates should be aware of the impact of these risks on the wider society and this could be through class discussions and visiting speakers. For example, a crime prevention officer could explain how the mis-use of drugs has had an impact on incidents of crime.

Research could be through use of the Internet, visiting speakers or visits to Alcohol and Drug Advisory Units and Health Promotion Unit.

3.3.5   Health promotion and improvement methods

Key issue: How can individuals be motivated and supported to improve their health?

You will:

- know why physical health assessment and target setting should happen before a health improvement plan is produced for an individual

- learn how realistic health improvement targets are established for others

- understand how different health behaviours can help people achieve their targets

- know about the different types of health promotion materials that are used to inform, motivate and support people to improve their health and wellbeing

Guidance:

Candidates need to be able to identify the Government Health Improvement Targets for improving health and wellbeing and link these to individual plans for health. They need to compare the individual's needs with what is considered to be good health and wellbeing. For example, when determining diet plans, candidates could use physical measures of health from height and weight ratios and food tables produced by The National Advisory Committee on Nutrition and Education (NACNE).

The plan must be in a form that is useable by the person for whom it is intended.

Candidates need to be aware of health risks for different groups of people and how promotional material targets certain groups of people. It is important that during the delivery teachers make reference to recent legislation and publications available.

*When considering motivation, existing materials should be used as candidates are not given credit producing their own materials. These materials should be referenced in the portfolio work but **not** included in their entirety as they are bulky and costly to post for moderation.*

Teachers may find it more practicable to provide a large bank of health promotional materials, rather than encouraging candidates to collect their own. Materials can be obtained from GPs, NHS, Health Education Centres, Health Promotion Units, and local organisations.

3.4   Unit A914: *Safeguarding and Protecting Individuals*

This externally assessed unit contributes to the assessment of the Double Award specification only. Unlike the other internally assessed unit for this Double Award specification, it is an online test which is timetabled twice yearly.

The focus of this unit is to help develop candidate awareness on safeguarding and protecting individuals. When considering who needs protecting candidates need to think about 'who is at risk? They also need to think about 'why' people are ill-treated. Abusers can be professional care workers, informal carers, parents, visitors or organisations. Those who do ill-treat people are often called the 'perpetrator'.

When considering regulatory frameworks throughout the unit, candidates need to:

- know the name of the act/regulations and its purpose

- be aware of the key features of the act/regulation

- understand how the act/regulation affects the work place practice in settings e.g. what actually happens in a setting as a result of the act/regulation

Candidates should be able to apply their knowledge and understanding to protect individuals and groups from different risks in a variety of contexts.

3.4.1   Protecting Individuals

Key Issues: *Who requires protection and the consequences of ill-treatment.*

You need to understand that service users in care settings are often vulnerable because they have to rely on others. They can feel distressed because they do not feel that they are in control of themselves or their environment. Vulnerable people could include:

- children

- older people

- people with disabilities

- people with learning difficulties

- people with mental illness

- people who reside in care settings

Individuals may need protection from ill-treatment in a variety of situations, for example from:

- being emotionally ill-treated by being deprived of love or physical contact

- verbal abuse by being regularly shouted at

- having to witness violent scenes e.g. at home

- having parents who are unable to put the child's needs before their own

- being physically neglected e.g. lack of food, personal hygiene

- being left to look after themselves without adult protection

- bullying at school or by neighbours or family

- a carer who psychologically ill-treats a person by swearing, humiliating or harassing them

- being physically abused, e.g. hit, slapped

- forcible isolation, where a carer denies a person access to the outside world or to a particular facility or service

- sexual abuse

- financial ill-treatment which could involve theft of money or property or exploitation

The effects of ill-treatment can cause people who have been abused to turn their anger against themselves and to blame themselves for everything that has happened to them. Other effects of a lack of protection from ill-treatment can include:

- lack of confidence

- withdrawal

- demonstrating abusive behaviour towards others

- low self-esteem/self-concept

- having difficulty communicating with others

- a change in personality

You need to know which legislation and guidance contributes to protection and its general purpose, to include:

Legislation, to include:

- The Children Act 1989

- Mental Health Act 1983

- Chronically Sick and Disabled Persons Act 1986

- The Disability Discrimination Act 1995

- NHS and Community Care Act 1990

Guidelines and Regulations, to include:

- Every Child Matters

- CRB checks

You should consider the consequences of how ill treatment can affect both the individual and the wider society.

Guidance:

Candidates need to be encouraged to think about the reasons for ill-treatment of people: for example, when staff are poorly trained or there is no supervision or support; if staff are working in isolation or if there are an inadequate number of staff or informal carers to look after service users; if security arrangements are not in place service users will feel unprotected; if staff relationships with service users are poor, ill-treatment could result.

Service users need to be protected from ill-treatment. Only children are currently protected through the Children Act 1989 and government guidelines, also published in 1989, 'Working Together'. These are the basis for current child protection work and ensures that information is shared amongst agencies. For older people, there is a similar set of guidelines called, 'No Longer Afraid'. These guidelines state that older people have specific rights, which includes being treated with respect and being able to live without fear of physical or emotional violence or harassment.

Mind Mapping exercises could be a way of thinking about 'who' and 'why' service users require protecting. This could be followed by watching some TV documentaries which have shown ill-treatment of older people, followed by discussion. Inviting a social worker or other specialist to talk to the group or a voluntary organisation e.g. NSPCC, Action on Elderly Abuse, PROVO (Protection of Vulnerable Adults Scheme), who provide support for those who have been ill-treated could provide a useful base for this study. These organisations provide very useful training materials and publications.

3.4.2   Infection control

Key Issues: *Preventing the spread of infection*

Preventing infections is one way of protecting service users; it is important for care settings to follow measures that will help to reduce the risk of the spread of infection in care settings. Basic procedures to prevent the spread of infection should include:

- personal hygiene – dress, hair care, footwear and oral hygiene
- wearing personal protective clothing – apron, gloves, masks
- following standard precautions
- washing hands correctly

It is important that all who work in care settings understand ways to clean and sterilise an environment to include:

- general cleaning
- disinfecting
- sterilising
- dealing with spillages
- disposal of hazardous waste
- disposal of medication

You need to understand conditions that need reporting in care settings such as:

- diseases - to include, malaria, tetanus, typhoid, typhus
- illness - to include, measles, salmonella
- conditions - to include overflowing drains, chemical, gases

You also need to know how vaccinations and immunisation can help to prevent the spread of infection.

Care workers may from time-to-time be required to prepare a snack for a service user, and they must be able to recognise good food hygiene practices required by care settings. These include:

- food preparation area e.g. surfaces
- equipment used for food preparation e.g. chopping boards
- cooking food
- storing food
- 'sell by' dates

You need to understand the general purpose of Legislation that underpins prevention of the spread of infection and its purpose, to include:

- Health and Safety At Work Act 1974
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Act 1995 (RIDDOR)
- Food Safety Act 1990
- General Food Hygiene Regulations 1995

Guidance:

For 4.1.2 candidates need to start by thinking about, 'what are the basic procedures to prevent the spread of infection'? They need to think about how the spread of infection can be prevented by the personal hygiene of the care workers who are looking after the service user and to think of the consequences of not having good personal hygiene. The School Nurse can often provide relevant information, particularly about good personal hygiene and the prevention of the spread of infection.

Many centres may wish to deliver this section of the course in conjunction with the 'Food Hygiene' Certificate. Alternatively the Environmental Health Officer could be invited to the Centre to give a talk/ show DVD's/ carry out experiments to cover all the topics within this section.

With regard to legislation the 'Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 (RIDDOR) candidates need to know:

- *which accident employers must report*

- *which injuries are covered*

- *which diseases must be reported*

A specialist from the local hospital or from a nursing home could be invited to the centre to discuss methods of sending specimens to the laboratory and the disposal of waste materials.

3.4.3   First Aid practice

Key Issue: *How to use first aid to deal with minor emergencies.*

You will need to know about basic first aid practices and procedures for injuries and health emergencies that could occur in settings. These will include:

- the principles of first aid

- the responsibilities of the first aider

- casualty management and how to prioritise needs

- information that should be given when calling the emergency services

You should be able to recognise the key signs of common health emergencies and know how to carry out procedures for dealing with them. Health emergencies will include:

- burns and scalds

- wounds and bleeding

- fractures relating to limbs and body

- loss of consciousness

- breathing difficulties eg asthma, anaphylactic shock

When carrying out first aid procedures you should be aware of the importance of preventing the spread of infection, for example, wearing gloves and making sure wounds are kept clean.

Relevant legislation for this section is, 'The Health and Safety (First Aid) Regulation', 1981. Candidates need to know its general purpose and be able to understand its impact on care settings.

Guidance:

The unit does not constitute a recognised first aid course but achievement of a qualification that covers the first aid component could be possible if the Centre wished to do this concurrently with the achievement of the unit. Candidates must know the responsibilities of the first aider and their responsibilities as well as knowing how to manage the casualties, particularly if there is more than one and how to prioritise treatment.

For each of the health emergencies / first aid procedures candidates will need to know:

- *the key symptoms/signs*

- *how to treat the condition*

- *how to prevent infection (if applicable)*

When considering The Health and Safety (First Aid) Regulation 1981 candidates need to know the extent of the provision and that risk assessments should be carried out to determine the level of first aid provision required. Details of:

- *having an appointed person*

- *details of the first aid kit that must be available – the minimum requirements of the content*

- *the procedures that must be in place for recording accidents*

3.4.4   How to recognise potential risks to service users safety and how to reduce risks in setting

Key Issues: *How to recognise potential risks to individual service users and care workers and how to provide protection for those using the setting.*

You need to understand the importance of identifying potential risks in care settings which are:

- fire

- flood

- electricity

- gas leaks

- unsafe equipment

- unsafe furnishings and fittings

- unsafe electrical fittings and fixture

- unsafe storage of hazardous substances

The areas in care settings where risks often occur are:

- community rooms/lounge

- bedrooms

- kitchens

- community areas e.g. halls, entrances, stairs

- play areas

- bathrooms

You need to explore how safety features could help to reduce the risks, how to follow safety procedures and how to use safety equipment. You should be able to recognise safety features that are used to help protect service users and care workers and have knowledge of their purpose. Safety features include:

- fire fighting equipment e.g. extinguishers, blankets

- emergency procedures e.g. evacuation in the event of a fire

- smoke alarms

- fire exits

- staff training

- security fixtures e.g. electronic pads on doors, window guards, handles on doors placed at a high level

- safety/warning signs e.g. first aid, exits, prohibited areas, no smoking

You should recognise how and when these safety features are used and be able to give reasons about why their use helps to keep individuals safe.

You need to know how to conduct a risk assessment and the reasons why this action will help to protect individuals

You need to understand the importance of maintaining safety and security in health, social care and early years settings. This will include:

- knowing the five key stages and the associated purpose of each

- how to keep written records of the risk assessment

- how to conduct a risk assessment

- the reasons for conducting a risk assessment

Helping individuals within the setting to feel safe and protected is an important part of a care workers role. You should know how to:

- evacuate a building in the case of a fire or other emergency

- protect individuals against intruders such as:

    - burglars

    - unwanted visitors

    - safety of possessions

    - privacy

You need to recognise the legislation and regulations that help to protect service users and care workers in the work place, to include:

- The Health and Safety at Work Act 1974

- Control of Substances Hazardous to Health 1999 Regulations (COSHH)

You should also understand the role of the Health and Safety Executive (HSE) and their responsibilities.

Guidance:

For section 4.1.4, candidates need to be able to identify potential risks to service users in settings. Areas that need to be included are: community rooms/ lounge, bedrooms, kitchens, halls, entrances, stairs, play areas (inside and outside) and bathrooms. This could be achieved by supplying diagrams where they can indicate the risks and use a colour code system to highlight potential risks. Posters could also be used showing potential risks and asking candidates to identify

the risk and to suggest a safety feature to help reduce the risk. Alternatively a visit could be made to a setting to investigate the potential risks or a professional care worker could be invited to the Centre to talk about the potential risks. Risks could include: fire, electric shock, trips, falls, blocked exits, too little space for movement or equipment and ergonomics.

Candidates should be able to identify the method for storing potentially harmful substances in care settings. They should also be able to give a short explanation of why it is important to store harmful substances correctly. Examples of harmful substances are cleaning agents, disinfectants and soiled linen. Candidates should also be familiar with looking at labels on the containers to find out if the substance fits the hazardous category.

The Regulations relating to The Control of Substances Hazardous to Health 1994 (COSSH) revised 2002 requires employers to control exposure to hazardous substances at work. This means that employers must meet the requirements for the storing of hazardous substances. All settings must have a COSSH file which lists all hazardous substances being used in that particular setting. Candidates need to know what must be contained within the file and the reasons for carrying out an assessment, knowing which could be a hazardous substance e.g. soiled linen and how to deal with it. All cleaning materials too must be covered.

Safety features will include fire and smoke alarms, the importance and reason for having fire exits, fire fighting equipment, evacuation procedures, having a safety policy and procedures, the different types of fire extinguishers, warning/ safety signs and their purpose. Additionally security fixtures will be included, for example, electronic pads on doors, window guards, handles on doors at the correct height for the setting. Candidates will need to be aware that different settings have different needs but that all settings will have common features. A visit could be made to a setting to find out about the safety features that are in place. Alternatively professional care worker (s) could be invited to the Centre to talk about the subject. Diagrams could be distributed to the group and they could indicate by drawing in the safety features that would be necessary. This activity could be linked with the exercise on risks.

Candidates need to understand that a risk assessment must be carried out by law. The aim of a risk assessment is to ensure that no one in a setting is hurt or injured. Risks assessment involves examining what could cause harm to individuals and deciding if enough has been done to prevent possible injury.

Candidates need to be aware that there are five key stages in a risk assessment. These are:

Stage 1:   Look for hazards

Stage 2:   Assess who may be harmed

Stage 3:   Consider the risk – whether precautions are adequate

Stage 4:   Document the findings

Stage 5:   Review the assessment and revise if necessary

The external assessment will on some occasions, require candidates to examine a diagram or illustration to identify possible risks and to describe/ explain how the risks could be reduced.

Security arrangements taken by different settings will be included in the external assessment. For example, in preventing unwanted visitors in residential and nursing homes and preventing early years toddlers and children from leaving a nursery of playgroup. Additionally the candidates will

need to know how to take actions to prevent burglary both t buildings and to individuals in care setting.

The Health and Safety at Work Act 1974 requires employers to carry out actions that are reasonable and practicable in order to protect their workforce. Candidates do not need to know the Act in detail but will need to be aware that the Health and Safety At Work Act:

- *is the umbrella legislation under which other Regulations are formed*

- *which Regulations are covered by the Act*

They must also know:

- *what must be covered by employers under the Health and Safety AT Work Act*

- *what must be covered by employees under the Health and Safety AT Work Act*

The Health and Safety Executive (HSE) is the main body responsible for enforcing legislation and providing guidance on health and safety in the workplace. Candidates need to be aware of what the abbreviation HSE represents and should have a broad outline of the work which they do. For example, candidates need to know that the HSE can:

- *enter premises*

- *conduct investigations*

- *take samples and photographs*

- *ask questions*

- *give advice*

- *issue instructions that must be carried out by law*

- *prosecute those who break the law*

- *issue Improvement and Prohibition Notices*

It would be helpful to obtain a copy of the Health and Safety law poster which is published by the Health and Safety Executive and for candidates to be aware of the detail which is included in the poster. For example:

- *the name of an employee representative*

- *the name of the manager representative – this could be an employer in a small company*

- *the contact details of the enforcing authority*

Candidates also need to be aware that the law states that:

- *a person in the workplace who can take charge in an emergency needs to be identified;*

- *a first aid box must be available;*

- *a trained first aider and first aid room should be available, if the workplace give rise to special hazards*

- *The Health and Safety Policy document sets out the employer's general policy in respect of health and safety and describes the settings arrangements for carrying out that policy.*

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4 Schemes of Assessment

4.1 GCSE (Single Award) Scheme of Assessment

GCSE (Single Award) Health and Social Care J406	
Unit A911: *Health, Social Care and Early Years Provision*	
60% of the total GCSE (Single Award) marks Controlled assessment (Up to 18 hours research and up to 26 hours writing up) 60 marks	Candidates complete a controlled assessment task.
	This unit is internally assessed and externally moderated.
Unit A912: *Understanding Personal Development and Relationships*	
40% of the total GCSE (Single Award) marks 1 hr written paper 40 marks	This question paper is based on Understanding Personal Development and Relationships and consists of **four** questions involving identification, description, explanation, analysis and evaluation.
	Candidates answer **all** questions.
	This unit is externally assessed.

4.2 GCSE (Double Award) Scheme of Assessment

GCSE (Double Award) Health and Social Care J412

GCSE (Single Award) units as above, Unit A911 being 30% and Unit A912 being 20% of the total GCSE (Double Award) marks.

Unit A913: *Promoting Health and Wellbeing*	
30% of the total GCSE (Double Award) marks Controlled assessment (Up to 18 hours research and up to 26 hours writing up) 60 marks	Candidates complete a controlled assessment task from a choice of set tasks.
	This unit is internally assessed and externally moderated.

Unit A914: *Safeguarding and Protecting Individuals*	
20% of the total GCSE marks 1 hr examination 40 marks	This question paper is based on Safeguarding and Protecting Individuals and consists of a combination of question styles involving identification, description and explanation.
	Candidates answer **all** questions.
	This unit is externally assessed via computer based assessment or a written examination.

4.3 Entry Options

GCSE (Single Award) candidates must be entered for units A911 and A912.

GCSE (Double Award) candidates must be entered for all four units.

Candidates must be entered for certification to claim their overall GCSE qualification grade. All candidates should be entered under the following certification codes:

OCR GCSE in Health and Social Care – J406

OCR GCSE (Double Award) in Health and Social Care – J412

4.4 Tiers

This scheme of assessment is untiered, covering all of the ability range grades from A* to G (A*A* to GG). Candidates achieving less than the minimum mark for Grade G (GG) will be ungraded.

4.5 Assessment Availability

There are two examination series each year, in January and June. All units are available in each series.

In 2010 onwards, all GCSE units will be assessed.

4.6 Assessment Objectives

Candidates are expected to demonstrate their ability to:

AO1

- recall, select, use and apply their knowledge and understanding of health and social care;

AO2

- plan and carry out tasks in which they analyse issues and problems; and identify, gather and record relevant information and evidence;

AO3

- analyse and evaluate information, sources and evidence, make reasoned judgements and present conclusions.

AO weightings – GCSE (Single Award)

The relationship between the units and the assessment objectives of the scheme of assessment is shown in the following grid.

Unit	% of GCSE (Single Award)			Total
	AO1	AO2	AO3	
Unit A911: *Health, Social Care and Early Years Services*	20	20	20	60%
Unit A912: *Understanding Personal Development and Relationships*	10	20	10	40%
	30	40	30	100%

AO weightings – GCSE (Double Award)

The relationship between the components and the assessment objectives of the scheme of assessment is shown in the following grid.

Unit	% of GCSE (Double Award)			Total
	AO1	AO2	AO3	
Unit A911: *Health, Social Care and Early Years Services*	10	10	10	30%
Unit A912: *Understanding Personal Development and Relationships*	5	10	5	20%
Unit A913: *Promoting Health and Wellbeing*	10	10	10	30%
Unit A914: *Safeguarding and Protecting Individuals*	5	10	5	20%
	30	40	30	100%

4.7 Quality of Written Communication

Quality of written communication is assessed in all units.

Candidates are expected to:

- ensure that text is legible and that spelling, punctuation and grammar are accurate so that meaning is clear;

- present information in a form that suits its purpose;

- use a suitable structure and style of writing.

5 Controlled Assessment

5.1 The controlled assessment units

Units A911 and A913 have been designed to be internally assessed, applying the principles of controlled assessment. Controls are set within the assessments so that validity and reliability are ensured and the assessors can confidently authenticate the candidates' work. These controls take a variety of forms in each of the stages of the assessment process: task setting, task taking and task marking. Within each of these three stages there are different levels of control. This section sets out the overall OCR approach.

5.2 Task setting

5.2.1 The OCR approach

OCR will assume a high level of control in relation to the setting of tasks for Unit A911 and A913. A controlled assessment tasks will be available from OCR for each unit. These tasks have been designed to meet the full assessment requirements of the units.

5.2.2 Using controlled assessment tasks

For unit A911, candidates complete a task for assessment which has a degree of choice available within it.

Tasks can be used with a minimum amount of adaptation or they can be adapted so that they allow the usage of local resources available to the centre.

Controlled assessment tasks may be adapted by centres in ways which will not put at risk the opportunity for candidates to meet the Assessment Criteria, including the chance to gain marks at the highest level. For units A911 and A913 this may allow for little to be adapted other than cosmetic details eg the description on which a task is based. Each controlled assessment task will include a section which briefly specifies the type and degree of adaptation which is appropriate.

The same OCR controlled assessment task must NOT be used as the practice material and then as the actual live assessment material. Centres should devise their own practice material using the OCR specimen controlled assessment task as guidance.

5.3   Task taking

5.3.1 The OCR approach

For GCSE in Health and Social Care, OCR will assume a medium level of control. The task taking parameters are outlined below.

5.3.2 Definitions of the controls

(a) **Authenticity control:** within GCSE Health and Social Care OCR expects candidates to complete all work, with the exception of research, under informal supervision. Research may be completed under limited supervision. OCR will provide clear guidance regarding the use of research and development, materials from other sources, and the preparation for final production of the work to be assessed.

(b) **Feedback control:** within GCSE Health and Social Care OCR expects teachers to supervise and guide candidates who are undertaking work which is internally assessed. The degree of teacher guidance in candidates' work will vary according to the kinds of work being undertaken. It should be remembered, however, that candidates are required to reach their own judgements and conclusions. When supervising tasks, teachers are expected to:

- exercise continuing supervision of work in order to monitor progress and to prevent plagiarism;

- exercise continuing supervision of practical work to ensure essential compliance with Health and Safety requirements;

- ensure that the work is completed in accordance with the specification requirements and can be assessed in accordance with the specified marking criteria and procedures.

(c) **Time control:** The time limit available to candidates to complete the assessment task is as follows:

Unit A911   -   44 hours

Unit A913   -   45 hours

Controlled assessed work should be completed within the time limit and supervised and marked by the teacher. Some of the work, by its very nature, may be undertaken outside the centre, e.g. research work, testing, observations etc. It is likely that using or applying this material will be undertaken under direct teacher supervision. With all internally assessed work, the teacher must be satisfied that the work submitted for assessment is the candidate's own work and be able to authenticate it using the specified procedure.

(d) **Collaboration control:** Candidates must complete and/or evidence all work individually. With reference to collaboration control, all assessment evidence will be provided by the individual candidate. However, where group work is suggested as an alternative to individual work it is vital to

be able to identify the individual contribution, perhaps by using personal log, peer assessment, teacher witness statements.

(e) **Resource control:** Access to resources will be limited to those appropriate to the task and as required by the unit. Candidates' access to resources is determined by the centre but use of the internet must be restricted to relevant information to the task and must be correctly referenced within any work submitted. Candidates must produce their own work and not include complete downloaded documents from the internet.

5.3.3 Quality assuring the controls

It is the responsibility of the Head of Centre to ensure that the controls set out in the specification and the individual units are imposed.

5.3.4 Completing the tasks

It is recommended that evidence is produced in several sessions, each focussing on a specific task within the overall task or scenario. These may be interspersed with opportunities to learn sector knowledge and develop appropriate practical skills

Each candidate must produce individual and authentic evidence for each of the tasks. It is particularly important that candidates working in groups, where the unit allows this, must still produce individual evidence of their contribution to ongoing group work and any final realisation or outcome.

Centre staff may give support and guidance to candidates. This support and guidance should focus on checking that candidates understand what is expected of them. It is not acceptable for tutors to provide model answers or to work through answers in detail.

Candidates may use information from any relevant source to help them with producing evidence for the tasks unless there are any restrictions on any evidence or resources to be used, if this the case it will be clearly identified within the particular unit.

In general, candidates must be guided on the use of information from other sources to ensure that confidentiality and intellectual property rights are maintained at all times. It is essential that any material directly used from a source is appropriately and rigorously referenced.

5.3.5 Presentation of work

Candidates must observe certain procedures in the production of controlled assessments.

- Tables, graphs and spreadsheets may be produced using appropriate ICT. These should be inserted into the report at the appropriate place.

- Any copied relevant material must be suitably acknowledged i.e. charts, graphs etc.

- Quotations must be clearly marked and a reference provided wherever possible.

- Work submitted for moderation or marking must be marked with the:

centre number
centre name
candidate number
candidate name
unit code and title
assignment title.

Work submitted on paper for moderation or marking must be secured by treasury tags.

Work submitted in digital format must be in a suitable file structure with each file clearly named with the unit code, centre number, candidate name and candidate number. Please refer to Appendix C for more guidance on the production of electronic controlled assessment evidence.

5.4   Task marking

5.4.1 The OCR approach

For GCSE Health and Social Care, OCR will assume a medium level of control in relation to the marking of tasks. All controlled assessed units will be marked by the centre assessor(s) using awarding body marking grids and guidance and moderated by the OCR appointed moderator. For this GCSE in Health and Social Care external moderation will take the form of postal moderation or e-moderation where evidence in a digital format is required.

5.4.2 Applying the assessment criteria

The starting point for marking the tasks is the Marking Grids within each unit. These contain levels of criteria for the skills, knowledge and understanding that the candidate is required to demonstrate.

5.4.3 Use of 'best fit' approach to marking grids

The assessment task(s) for each unit should be marked by the teacher according to the given marking criteria within the relevant unit using a 'best fit' approach. For each of the assessment objectives/criteria, one of the three descriptors provided in the marking grid that most closely describes the quality of the work being marked should be selected.

Marking should be positive, rewarding achievement rather than penalising failure or omissions. The award of marks **must be** directly related to the marking criteria.

Teachers use their professional judgement in selecting the descriptor that best describes the work of the candidate.

To select the most appropriate mark within the descriptor, teachers should use the following guidance:

- where the candidate's work *convincingly* meets the statement, the highest mark should be awarded

- where the candidate's work *adequately* meets the statement, the most appropriate mark in the middle range should be awarded

- where the candidate's work *just* meets the statement, the lowest mark should be awarded.

Centres should use the full range of marks available to them; centres must award *full* marks in any band for work which fully meets that descriptor. This is work which is 'the best one could expect from candidates working at that level'. Where there are only two marks within a band the choice will be between work which, in most respects, meets the statement and work which just meets the statement. For wider mark bands the marks on either side of the middle mark(s) for adequately

met' should be used where the standard is lower or higher than 'adequate' but **not** the highest or lowest mark in the band.

Only one mark per unit will be entered. The final mark for the candidate for each unit is out of a total of 60.

5.4.4 Authentication

Teachers/course tutors must be confident that the work they mark is the candidate's own. This does not mean that a candidate must be supervised throughout the completion of all work but the teacher/course tutor must exercise sufficient supervision, or introduce sufficient checks, to be in a position to judge the authenticity of the candidate's work.

Wherever possible, the teacher/course tutor should discuss work-in-progress with candidates. This will not only ensure that work is underway in a planned and timely manner but will also provide opportunities for assessors to check authenticity of the work and provide general feedback.

Candidates must not plagiarise. Plagiarism is the submission of another's work as one's own and/or failure to acknowledge the source correctly. Plagiarism is considered to be malpractice and could lead to the candidate being disqualified. Plagiarism sometimes occurs innocently when candidates are unaware of the need to reference or acknowledge their sources. It is therefore important that centres ensure that candidates understand that the work they submit must be their own and that they understand the meaning of plagiarism and what penalties may be applied. Candidates may refer to research, quotations or evidence but they must list their sources. The rewards from acknowledging sources, and the credit they will gain from doing so, should be emphasised to candidates as well as the potential risks of failing to acknowledge such material.

Please note: centres must confirm to OCR that the evidence produced by candidates is authentic. It is a requirement of the QCA Common Criteria for all Qualifications that proof of authentication is received by OCR.

5.4.5 Internal standardisation

It is important that all internal assessors, working in the same subject area, work to common standards. Centres must ensure that the internal standardisation of marks across assessors and teaching groups takes place using an appropriate procedure.

This can be done in a number of ways. In the first year, reference material and OCR training meetings will provide a basis for Centres' own standardisation. In subsequent years, this, or Centres' own archive material, may be used. Centres are advised to hold preliminary meetings of staff involved to compare standards through cross-marking a small sample of work. After most marking has been completed, a further meeting at which work is exchanged and discussed will enable final adjustments to be made.

5.4.6 Moderation

All work for units A911 and A912 is marked by the teacher and internally standardised by the centre. Marks are then submitted to OCR after which moderation takes place in accordance with OCR procedures: refer to the OCR website for submission dates of the marks to OCR. The purpose of moderation is to ensure that the standard of the award of marks for work is the same for

each centre and that each teacher has applied the standards appropriately across the range of candidates within the centre.

The sample of work which is presented to the Moderator for moderation must show how the marks have been awarded in relation to the marking criteria.

Each candidate's work should have a cover sheet attached to it with a summary of the marks awarded for each task. If the work is to be submitted in digital format this cover sheet should also be submitted electronically within each candidate's files.

5.4.7 Minimum Requirement for Controlled Assessment

There should be clear evidence that work has been attempted and some work produced.

If a candidate submits no work for an internally assessed component, then the candidate should be indicated as being absent from that component on the mark sheets submitted to OCR. If a candidate completes any work at all for an internally assessed component, then the work should be assessed according to the internal assessment objectives and marking instructions and the appropriate mark awarded, which may be zero.

6 Technical Information

6.1 Making Unit Entries

Please note that centres must be registered with OCR in order to make any entries, including estimated entries. It is recommended that centres apply to OCR to become a registered centre well in advance of making their first entries. Centres must have made an entry for a unit in order for OCR to supply the appropriate forms and/or moderator details for controlled assessments.

It is essential that unit entry codes are quoted in all correspondence with OCR.

Unit Entry code	Component code	Submission method	Unit titles
A911	/01	*Postal moderation*	*Health, Social Care and Early Years Provision*
	/02	*OCR Repository*	
A912	-	*Written examination*	*Understanding Personal Development and Relationships*
A913	/01	*Postal moderation*	*Promoting Health and Wellbeing*
	/02	*OCR Repository*	
A914	/01	Computer based test	*Safeguarding and Protecting Individuals*
	/02	Paper based test	

6.2 Terminal Rules

Candidates must take at least 40% of the assessment in the same series they enter for either the single award or double award qualification certification.

Units can be taken in any order as long as the terminal rules are satisfied.

6.3   Unit and Qualification Re-sits

Candidates may re-sit each unit once before entering for certification for a GCSE (Single Award) or GCSE (Double Award).

Candidates may enter for the qualifications an unlimited number of times.

6.4   Making Qualification Entries

Candidates must enter for qualification certification separately from unit assessment(s). If a certification entry is **not** made, no overall grade can be awarded.

Candidates may enter for:

- GCSE certification (entry code J406).

- GCSE (Double Award) certification (entry code J412).

A candidate who has completed all the units required for the qualification must enter for certification in the same examination series in which the terminal rules are satisfied.

GCSE (Single Award) certification is available from June 2011.
GCSE (Double Award) certification is available from June 2011.

6.5   Grading

Both GCSE (Single Award) and GCSE (Double Award) results are awarded on the scale A*-G (A*A* to GG). Units are awarded a* to g. Grades are awarded on certificates. However, results for candidates who fail to achieve the minimum grade (G, GG or g) will be recorded as *unclassified* (U or u) and this is **not** certificated.

In unitised schemes candidates can take units across several different series provided the terminal rules are satisfied. They can also re-sit units or choose from optional units available. When working out candidates' overall grades OCR needs to be able to compare performance on the same unit in different series when different grade boundaries have been set, and between different units. OCR uses uniform marks to enable this to be done.

A candidate's uniform mark is calculated from the candidate's raw marks. The raw mark boundary marks are converted to the equivalent uniform mark boundary. Marks between grade boundaries are converted on a pro rata basis.

When unit results are issued, the candidate's unit grade and uniform mark are given. The uniform mark is shown out of the maximum uniform mark for the unit e.g. 41/60.

The specification is graded on a Uniform Mark Scale. The uniform mark thresholds for each of the assessments are shown below:

(GCSE) Unit Weighting	Maximum Unit Uniform Mark	Unit Grade								
		a*	a	b	c	d	e	f	g	u
30%	60	54	48	42	36	30	24	18	12	0
20%	40	36	32	28	24	20	16	12	8	0

Candidate's uniform marks for each module are aggregated and grades for the specification are generated on the following scales.

Qualification	Max UMS	Qualification Grade								
		A*	A	B	C	D	E	F	G	U
GCSE (Single Award)	100	90	80	70	60	50	40	30	20	0

Qual	Max UMS	Qualification Grade														
		A*A*	A*A	AA	AB	BB	BC	CC	CD	DD	DE	EE	EF	FF	FG	GG	UU
GCSE (Double Award)	200	180	170	160	150	140	130	120	110	100	90	80	70	60	50	40	0

Awarding Grades

The written papers will have a total weighting of 40% and controlled assessment a weighting of 60%.

A candidate's uniform mark for each paper will be combined with the uniform mark for the controlled assessment to give a total uniform mark for the specification. The candidate's grade will be determined by the total uniform mark.

6.6   Result Enquiries and Appeals

Under certain circumstances, a centre may wish to query the grade available to one or more candidates or to submit an appeal against an outcome of such an enquiry. Enquiries about unit results must be made immediately following the series in which the relevant unit was taken.

For procedures relating to enquires on results and appeals, centres should consult the *Administrative Guide for General Qualifications* and the document *Enquiries about Results and*

Appeals – Information and Guidance for Centres produced by the Joint Council. Copies of the most recent editions of these papers can be obtained from OCR.

6.7   Shelf-Life of Units

Individual unit results, prior to certification of the qualification, have a shelf-life limited only by that of the qualification.

6.8   Guided Learning Hours

GCSE (Single Award) Health and Social Care requires 120-140 guided learning hours in total.

GCSE (Double Award) Health and Social Care requires 240-280 guided learning hours in total.

6.9   Code of Practice/Subject Criteria/Common Criteria Requirements

These specifications comply in all respects with the current *GCSE, GCE, GNVQ and AEA Code of Practice* as available from the QCA website, the subject criteria for GCSE Health and Social Care and *The Statutory Regulation of External Qualifications 2004*.

6.10   Prohibited Qualifications and Classification Code

Candidates who enter for the OCR GCSE specifications may not also enter for any other GCSE specification with the certification title *Health and Social Care* in the same examination series.

Every specification is assigned to a national classification code indicating the subject area to which it belongs.

The classification code for these specifications is 0003.

Centres should be aware that candidates who enter for more than one GCSE qualification with the same classification code will have only one grade (the highest) counted for the purpose of the School and College Achievement and Attainment Tables.

6.11 Disability Discrimination Act Information Relating to this Specification

GCSEs often require assessment of a broad range of competences. This is because they are general qualifications and, as such, prepare candidates for a wide range of occupations and higher level courses.

The revised GCSE qualifications and subject criteria were reviewed to identify whether any of the competences required by the subject presented a potential barrier to any disabled candidates. If this was the case, the situation was reviewed again to ensure that such competences were included only where essential to the subject. The findings of this process were discussed with disability groups and with disabled people.

Reasonable adjustments are made for disabled candidates in order to enable them to access the assessments and to demonstrate what they know and can do. For this reason, very few candidates will have a complete barrier to the assessment. Information on reasonable adjustments is found in *Regulations and Guidance Relating to Candidates who are Eligible for Adjustments in Examinations* produced by the Joint Council www.jcq.org.uk.

Candidates who are unable to access part of the assessment, even after exploring all possibilities through reasonable adjustments, may still be able to receive an award based on the parts of the assessment they have taken.

Candidates with a visual impairment may find this subject difficult to access fully.

6.12 Arrangements for Candidates with Particular Requirements

Candidates who are not disabled under the terms of the DDA may be eligible for access arrangements to enable them to demonstrate what they know and can do. Candidates who have been fully prepared for the assessment but who are ill at the time of the examination, or are too ill to take part of the assessment, may be eligible for special consideration. Centres should consult the *Regulations and Guidance Relating to Candidates who are Eligible for Adjustments in Examinations* produced by the Joint Council.

6.13 OCR repository

The OCR-repository allows centres to store controlled assessment electronically and to submit their moderation sample in electronic format.

The OCR GCSE Health and Social Care units A911 and A913 can be submitted electronically: please check Section 6.1 for unit entry codes for the OCR-repository.

More information on the OCR-repository can be found in Appendix B: Guidance for the Production of Electronic Assessment.

6.14 Computer-based Tests

Please use the information in Appendix B to ensure that the centre has the technical capability to administer the computer-based tests required for this specification. **Please note it is the responsibility of the Head of Centre to ensure that the centre is appropriately equipped to administer the tests in terms of system requirements and venue requirements.** The Examinations Officer within the centre is responsible for the conduct of the computer-based tests within the bounds of the Instructions for the Conduct of Examinations issued by the Joint Council for Qualifications.

If there are any difficulties in completing the audit, please contact general.qualifications@ocr.org.uk.

DRAFT

7 Other Specification Issues

7.1 Overlap with other Qualifications

There is no significant overlap between the content of these specifications and those for other GCSE qualifications.

7.2 Progression from these Qualifications

GCSE qualifications are general qualifications which enable candidates to progress either directly to employment, or to proceed to further qualifications.

Progression to further study from GCSE will depend upon the number and nature of the grades achieved. Broadly, candidates who are awarded mainly Grades D to G at GCSE could either strengthen their base through further study of qualifications at Level 1 within the National Qualifications Framework or could proceed to Level 2. Candidates who are awarded mainly Grades A* to C at GCSE would be well prepared for study at Level 3 within the National Qualifications Framework.

7.3 Spiritual, Moral, Ethical, Social, Legislative, Economic and Cultural Issues

By its very nature, Health and Social care offers a wide range of opportunities for the exploration of spiritual, moral, ethical, social, legislative, economic and cultural issues.

It is expected that this specification will be presented in ways which give scope for candidate-centred learning, an activity approach to learning and that candidates will, as a result of their studies, acquire *added value* skills in improving their own performance, skills in research techniques, working with others and increased motivation.

7.4 Sustainable Development, Health and Safety Considerations and European Developments, consistent with international agreements

These specifications support these issues, consistent with current EU agreements, in the following topics:

- A914 Safeguarding and Protecting Individuals: this unit focuses on health and safety related issues, within the context of a Health and Social Care qualification at Levels 1 and 2.

7.5   Avoidance of Bias

OCR has taken great care in preparation of these specifications and assessment materials to avoid bias of any kind.

7.6   Language

These specifications and associated assessment materials are in English only.

7.7 Key Skills

This specification provides opportunities for the development of the Key Skills of *Communication*, *Application of Number*, *Information Technology*, *Working with Others*, *Improving Own Learning and Performance* and *Problem Solving* at Levels 1 and/or 2. However, the extent to which this evidence fulfils the Key Skills criteria at these levels will be totally dependent on the style of teaching and learning adopted for each unit.

The following table indicates where opportunities may exist for at least some coverage of the various Key Skills criteria at Levels 1 and/or 2 for each unit.

Unit	C		AoN		IT		WwO		IoLP		PS	
	1	2	1	2	1	2	1	2	1	2	1	2
A911	✓	✓			✓	✓	✓		✓	✓	✓	✓
A912	✓	✓			✓	✓			✓	✓	✓	✓
A913	✓	✓			✓	✓			✓	✓	✓	✓
A914	✓	✓	✓	✓	✓	✓	✓					

Detailed opportunities for generating Key Skills evidence through this specification are posted on the OCR website (www.ocr.org.uk). A summary document for Key Skills Coordinators showing ways in which opportunities for Key Skills arise within GCSE courses has been published.

7.8 ICT

In order to play a full part in modern society, candidates need to be confident and effective users of ICT. Where appropriate, candidates should be given opportunities to use ICT in order to further their study of Health and Social Care.

The assessment of this course requires candidates to:

- (For Double Award) Complete a short computer-based test

7.9 Citizenship

Since September 2002, the National Curriculum for England at Key Stage 4 has included a mandatory programme of study for Citizenship. Parts of this Programme of Study may be delivered through an appropriate treatment of other subjects.

This section offers guidance on opportunities for developing knowledge, skills and understanding of citizenship issues during the course. These opportunities are also indicated within the content of:

- *A911, the care values that underpin all work in the sectors, and the contribution made by health, social care and early years groups*

- *A912, how individuals grow and develop during their life in terms of what is expected from them as citizens at different stages of their lives*

- *A913, factors which positively influence health and wellbeing will impact on an individual's ability to make an effective contribution to society*

- *A914, the need of vulnerable people for protection from harm and abuse and the role that is played by society in ensuring that such people are recognised and treated with respect*

Appendix A: Grade Descriptions

Grade descriptions are provided to give a general indication of the standards of achievement likely to have been shown by candidates awarded particular grades. The descriptions must be interpreted in relation to the content in the specification; they are not designed to define that content. The grade awarded will depend in practice upon the extent to which the candidate has met the assessment objectives overall. Shortcomings in some aspects of the assessment may be balanced by better performance in others.

Grade F

Candidates recall knowledge and understanding of basic aspects of health and social care and early years provision.

Candidates plan and carry out a range of investigations and tasks for which support and guidance have been provided. They make use of information from a limited range of sources leading to some basic analysis. Candidates select and use a limited range of methods, sources, information and data in a restricted manner to find out about issues or topics. They use a limited range of information from primary and secondary sources. They recall basic vocational knowledge to identify basic aspects of the main issues and problems affecting services organisations and the quality of human life.

They review their evidence and draw restricted conclusions

Grade C

Candidates recall, select and communicate sound knowledge and understanding of aspects of health, social care and early years provision in a range of contexts.

With only limited assistance, they plan and carry out investigations and tasks. They make careful use of information selected from a range of sources leading to an analysis. Candidates select and use a range of methods, sources, information and data to find out about issues or topics, building in some opportunities for evaluation. They select appropriately and use information from primary and secondary sources. They recall and apply relevant vocational knowledge to issues and problems affecting services, organisations and the quality of human life.

They review some of the evidence available, presenting information clearly, with some evidence of accuracy and precision. They make judgements based on the main findings and draw generally appropriate conclusions.

Grade A:

Candidates recall accurately and apply detailed knowledge, skills and thorough understanding of aspects of health, social care and early years provision in a range of contexts. They demonstrate a critical appreciation of the principles of care (and for the double award K and U of promoting health and well- being).

They plan and carry out independently a wide range of investigations and tasks. They use a range of appropriate methods to identify, gather and record and effectively analyse information from a wide range of appropriate primary and secondary sources. They identify and detail and perceptively evaluate the range of issues and problems affecting services and organisations .and those impacting on the quality of human life.

They systematically evaluate the evidence available, presenting information clearly, accurately and precisely, leading to carefully reasoned judgements and presenting substantiated and appropriate conclusions.

Appendix B: Centre Audit for Running Computer-Based Tests

Please use this information to ensure that the centre has the technical capability to administer the computer-based tests required for this specification. **Please note it is the responsibility of the Head of Centre to ensure that the centre is appropriately equipped to administer the tests in terms of system requirements and venue requirements.** The Examinations Officer within the centre is responsible for the conduct of the computer-based tests within the bounds of the Instructions for the Conduct of Examinations issued by the Joint Council for Qualifications.

If there are any difficulties in completing the audit, please contact etest@ocr.org.uk.

Requirements for OCR Computer-based Tests

- *Ensure that the Head of Centre, Examinations Officer, Systems Manager/Technician, subject teacher and SENCo (if appropriate) are clear about what is involved.*

- *Check that the centre can meet the technical and venue requirements.*

It is essential that all stakeholders within the Examination Centre plan the process for running computer-based tests carefully and methodically. The technical set up of the hardware and software is likely to take a little time and application and so should be carried out well in advance to allow for any technical issues to be resolved in good time.

Before starting teaching the specification – planning and approval

1. Agree who is to be the Test Administrator, responsible for making sure that the tests are conducted properly. The Examinations Officer may fulfil this role or may delegate it to a colleague.

2. Audit the centre against the Centre Check list. This checks that the centre is able to meet the technical eligibility requirements. The school or college Systems Manager/Technician must be part of this process.

3. Ensure that the member of staff responsible for the Centre Network is aware of the plan to use computer-based testing. Consider the implications of using computer-based testing carefully.

Before entries are made for a Computer-based Test – setting up

1. The Technician must ensure that the necessary hardware and software has been set up before entries are made. The set up must be done according to the instructions provided with the software.

2. The Technician installs the software according to instructions and runs all necessary diagnostic tests.

3. The Technician checks that the programs are running correctly and communicating properly with each other and the outside world.

4. The Technician checks that the software is running properly on the machines to be used for the live computer-based tests. It is important that an early decision is made on which room and equipment is to be used for the live tests.

5. Entries are made following the usual procedure, ahead of the entries deadline.

At least one month before the test date

The subject teacher and Test Administrator run a practice test for candidates so that they are familiar with the format and look of computer-based tests.

Prior to the live test

1. The Test Administrator and technician ensure that all hardware and software is running appropriately in the room where the tests are to take place.

2. The Test Administrator and technician ensure that they understand the process for downloading and accessing the live tests.

2. The Test Administrator checks the mouse, keyboard, screen and headphones (if required) on each candidate workstation.

On the day of the test

1. The Test Administrator runs the tests according to the instructions and within the bounds of the Instructions on the Conduct of Examinations document provided by Joint Council for Qualifications.

2. The Test Administrator uploads candidates' responses according to the instructions.

Technical Requirements	
Minimum Requirements for each Candidate Computer	
Processor speed	1.0 GHz
Memory (RAM)	128MB RAM (256 MB recommended)
Hard Disk space	At least 250Mb of available hard disk space
Operating System	Windows XP/2000/2003
Browser	Internet Explorer 6 (or above)
Display	High colour 32 bit display or better. Resolution 1024 x 768
	Mouse Re-writeable CD or DVD drive 16-bit soundcard Headphones with adjustable volume for candidates requiring a reader or taking a test involving audio
Admin rights	PC/Network Administration rights for installation
Protocols supported	TCP/IP
Player	Flash Player version 8
Minimum Requirements for Test Administrator Computer (as above plus)	
Processor speed	1.0 GHz
Memory (RAM)	512MB RAM
Hard Disk space	At least 1.5Gb of available hard disk space
Adobe application	Adobe Acrobat reader installed
Printer	Connection to a printer
Minimum Server Requirements	
Processor Speed	1.7GHz or above (single CPU Server) 1.2GHz or above (multiple CPU or dual core CPU Server)
Memory (RAM)	512MB RAM
Hard Disk space	Minimum 2Gb free space
Operating System	Windows 2000 Server (Service Pack 4 or later) Windows 2003 Server[**] Windows 2003 Server Release 2[**]
Network Infrastructure Guidelines	
Network Connection	1Gb LAN interface card
Cabling	Category 5/5e/6 UTP Cabling
Server Connection Speed	1Gb server connection
Workstation Connection	Switched 100Mbps connection recommended
Connection Sharing	Shared 100Mbps connections if necessary but a maximum of 24 users per switch feed. Hubs, where used, should not be cascaded

Administration Requirements
Workstation Requirements
Capacity for a minimum of seven candidates (8 PCs)
A spare capacity of one workstation for every seven
1 workstation within the same room as the candidate workstations to run administrative functions
Test Room Requirements
A quiet room or rooms, free from distractions and interruptions
A room or rooms and equipment dedicated to the test during the session
Good lighting, without disruptive glare on screens
Proper ventilation and heating (where necessary)
Walls free from display material
Appropriate furnishing to give candidates maximum comfort
Adjustable chairs
Adequate space at each workstation to allow candidates to take notes
Secure workstations. Seating arrangements should prevent candidates from being able to see a fellow candidate's screen. The minimum distance between the outer edge of one screen and the next should be 1.25 metres, unless the monitors are positioned back to back or separated by dividers high enough to prevent other candidates from overlooking the work of others. In this case, the minimum distance need not apply. However, if the screens are diagonally opposite and not separated by dividers, 1.25 metres may not be sufficient. The principal objective is to ensure that no candidate's work can be overseen by others, and Examinations Officers must take appropriate steps to ensure that this can be achieved.
A clock or clocks in the room visible to all candidates, or the provision of alternative arrangements
A means of summoning assistance (e.g. phone) and support contact details available in the test room for emergencies
Disabled access to the test room and to workstations, or the provision of alternative arrangements, e.g. a ground floor room.
Facilities for registration and ID checking
Requirements Outside the Test Room
None
Administrative Personnel
An Examinations Officer who will be available during all OCR CBT live sessions.
A minimum of one invigilator per room for each session. If there are more than 25 candidates in a room, there should be a further ratio of 1 invigilator to every 25 candidates.
The Examinations Officer and invigilator must be familiar with the emergency procedures for the test venue.

OCR computer-based tests will normally be administered at the centre, providing the centre has a venue which meets the following technical criteria, **or can be run at an external test venue** where authorisation has been given by OCR, for example where a candidate is in hospital on the day of the examination. An external test venue may be an appropriate multimedia room at a school or college or other venue suitable for computer-based testing but must meet the same technical criteria. The venue must have technical support personnel who will be available during all OCR computer-based tests live sessions.

Appendix C: Guidance for the Production of Electronic Controlled Assessment

The Controlled Assessment work in units A911 and A913 each form a Controlled Assessment portfolio, stored electronically.

Structure for evidence

A Controlled Assessment portfolio is a collection of folders and files containing the candidate's evidence. Folders should be organised in a structured way so that the evidence can be accessed easily by a teacher or moderator. This structure is commonly known as a folder tree. It would be helpful if the location of particular evidence is made clear by naming each file and folder appropriately and by use of an index, called 'Home Page.'

There should be a top level folder detailing the candidate's centre number, candidate number, surname and forename, together with the Unit code, so that the portfolio is clearly identified as the work of one candidate.

Each candidate's Controlled Assessment portfolio should be stored in a secure area on the centre network. Prior to submitting the Controlled Assessment portfolio to OCR, the centre should add a folder to the folder tree containing Controlled Assessment and summary forms.

Data formats for evidence

In order to minimise software and hardware compatibility issues it will be necessary to save candidates' work using an appropriate file format. (Further information on this topic is provided in the separate OCR guidance on digital Controlled Assessment submissions).

Candidates must use formats appropriate to the evidence that they are providing and appropriate to viewing for assessment and moderation. Open file formats or proprietary formats for which a downloadable reader or player is available are acceptable. Where this is not available, the file format is not acceptable.

Evidence submitted is likely to be in the form of word processed documents, PowerPoint presentations, digital photos and digital video.

To ensure compatibility, all files submitted must be in the formats listed below. Word processed documents or PowerPoint presentations must be converted to HTML or PDF formats before submission. OCR will not accept compressed (zipped) file formats. Where new formats become available that might be acceptable, OCR will provide further guidance.

It is the centre's responsibility to ensure that the electronic portfolios submitted for moderation are accessible to the moderator and fully represent the evidence available for each candidate.

Accepted File Formats
Movie formats for digital video evidence
MPEG (*.mpg)
QuickTime movie (*.mov)
Macromedia Shockwave (*.aam)
Macromedia Shockwave (*.dcr)
Flash (*.swf)
Windows Media File (*.wmf)
MPEG Video Layer 4 (*.mp4)
Audio or sound formats
MPEG Audio Layer 3 (*.mp3)
Graphics formats including photographic evidence
JPEG (*.jpg)
Graphics file (*.pcx)
MS bitmap (*.bmp)
GIF images (*.gif)
Animation formats
Macromedia Flash (*.fla)
Structured markup formats
HTML (*html, *htm)
XML (*xml)
CSS (*css)
XSL (*xsl/*xslt)
Text formats
PDF (.pdf)

Please consult OCR guidance on digital Controlled Assessment submissions for advice on compatibility of versions of these file formats.